Armed Forces Retirement Home
Office of the Inspector General
3700 N. Capitol Street
Washington, DC 20011-8400

January 29, 2013

MEMORANDUM FOR THE ARMED FORCES RETIREMENT HOME (AFRH), CHIEF OPERATING OFFICER

SUBJECT: Medical Equipment Maintenance Management Program, Healthcare Services (LaGarde) Audit at Armed Forces Retirement Home-Washington

The AFRH Inspector General Office is providing this audit for your information and use. The audit was conducted at the AFRH-Washington facility level.

PURPOSE OF THE MEDICAL EQUIPMENT MAINTENANCE MANAGEMENT PROGRAM AUDIT: The purpose of this internal audit was to ensure that satisfactory controls are in place to monitor medical equipment repairs and to prevent undue resident risk at AFRH-Washington.

MEDICAL EQUIPMENT MAINTENANCE MANAGEMENT PROGRAM SCOPE: The AFRH Inspector General Office has the authority to review and evaluate all aspects of the AFRH-W Medical Equipment Maintenance Management Program. The review of the AFRH-Washington's Medical Equipment Maintenance Program focused on the following area to include medical equipment repair work orders:

- Contract review (Torres and Associates, Inc.)
- Standard Operating Procedure review of Equipment Maintenance, Repair, and Disposal W-HC-ADM-4-06. (Attachment 1)
- Equipment Repair-Service Request (included in Attachment 1)
- Patient Repair/Service Request Forms
- Medical equipment repair time per the contact requirement

MEDICAL EQUIPMENT MAINTENANCE MANAGEMENT PROGRAM AUDIT ELEMENTS: This audit consists of documentation requirements, reviews, observation, findings and recommendations for AFRH-W Healthcare Services (LaGarde).

Contractual requirements:

- The contractor is responsible for Computerized Operations and Maintenance (O&M). Ref page 24 of TPD-AFRW-10-C-0014. (Attachment 2)
- The Contract Surveillance Representative (CSR) is responsible for ensuring repairs are completed in a timely manner as required by the contract. Per the contract, the equipment shall be repaired with-in established time-line standards of 5 to 7 business days after notification to the contractor. This is based on Original Equipment Manufacturer (OEM) Specifications. Ref page 27 of TPD-AFRW-10-C-0014. (Attachment 3)
- The contractor is responsible corrective and preventative maintenance during the following Period of Performance: July 1, 2010 to June 30, 2013.

Standard Operating Procedures (SOP) requirements:

- All Healthcare Services residential units will maintain "Equipment Repair/Service Request" forms. Per the SOP No. W-HC-ADM-4-06.
- Healthcare Services (HCS) personnel are responsible for completing an "Equipment Repair-Service Request" form and sending it to the Contract Surveillance Representative (CSR) via fax or hand delivery.
- Healthcare Services (HCS) personnel are responsible for removing non-working equipment from operation, storing it in a designated location, and labeling it with an "out of service" tag.
- The Contract Surveillance Representative (CSR) is responsible for notifying the Medical Records Technician of the scheduled date of service and/or repair status. Per SOP No. W-HC-ADM-4-06.
- The Medical Equipment Repair Contractor (MERC) is responsible for notifying the Contract Surveillance Representative (CSR) if medical equipment is too costly to repair and/or is non-repairable.

Observation:

- Each LaGarde residential unit has Patient Repair/Service Request Forms per the SOP located in a logbook developed by the Contract Surveillance Representative (CSR).
- Healthcare Services personnel are notifying the Contract Surveillance Representative (CSR) by utilizing a Patient Repair/Service Request Form via hardcopy submission.
- The Contract Surveillance Representative (CSR), normally through fax, submits the Patient Repair/Service Request Form to the contractor.
- The Contract Surveillance Representative (CSR) schedules the contractor for an on-site visit to repair the Patient Repair/Service Request Forms that have been submitted.
- The Contract Surveillance Representative (CSR) is notifying the Medical Records Technician of the scheduled date of service and/or repair status.

Findings:

- Contract Surveillance Representative (CSR) and Healthcare Services (HCS) personnel are not operating under the current Standard Operating Procedure (W-HC-ADM-4-06) regarding Equipment Maintenance, Repair, and Disposal dated June 12, 2012.
- Contract Surveillance Representative (CSR) and Healthcare Services (HCS) personnel are not utilizing the Equipment Repair-Service Request form included in Standard Operating Procedure (W-HC-ADM-4-06) regarding Equipment Maintenance, Repair, and Disposal dated June 12, 2012.
- The Contract Surveillance Representative (CSR) and Healthcare Services (HCS) personnel maintain a copy of the Patient Repair/Service Request Form that has been submitted for repair. Several of the Patient Repair/Service Request Forms that were reviewed do not have the required documentation which is needed to verify if the contractor completed the repairs within a 5-7 day period as required by the contract.
- Per the Contract Surveillance Representative (CSR) the completed Patient Repair/Service Request Forms are on file with Torres Associates Inc. Torres Associates Inc. provided a list of requested Patient Repair/Service Request forms to include a spreadsheet regarding medical equipment service request between August 4, 2011 and September 26, 2012 (Attachment 4). Several of the Patient Repair/Service Request Forms submitted by Torres and Associates Inc. were not properly completed in regards to submission date, service date, and Service Technician initials or signature.

- These are discrepancies between the Patient Repair/Service Request forms that are on file at Torres Associates Inc. and the ones on file with the Contract Surveillance Representative (CSR) and Healthcare Services (HCS) personnel. The AFRH Inspector General questions why two versions of the form exist and why critical dates do not match or in the case of signatures, does not exist.

  Documentation review examples:

  -Identification Number: 3533 dated per the fax August 10, 2012. Torres documentation states repairs needed due to abuse. (Attachment 5)

  -Identification Number: 3467 dated per the fax February 23, 2012. Torres documentation shows no Service Date. AFRH-W documentation shows a Service Date of February 28, 2013. AFRH-W documentation states that four castors are needed and Torres does not reflect this documentation. (Attachment 6)

  -Identification Number: 3537 dated February 8, 2012. Torres documentation does not have a Service Date nor a Service Technician signature. AFRH-W documentation shows a Service Date of March 3, 2012 and a Service Technician signature. (Attachment 7)

  -Identification Number: 3395 dated March 14, 2012. Torres documentation does not have a Service Date nor a Service Technician signature. AFRH-W documentation shows a Service Date of March 28, 2012 and a Service Technician signature. (Attachment 8)

  -Identification Number: 3787 dated May 28, 2012. Torres documentation does not have a Service Date nor a Service Technician signature. AFRH-W documentation shows a Service Date of June 20, 2012 and a Service Technician signature. (Attachment 9)

  -Identification Number: 3791 dated June 12, 2012. Torres documentation does not have a Service Date nor a Service Technician signature. AFRH-W documentation shows a Service Date of June 20, 2012 and a Service Technician signature. AFRH-W documentation states a cord needs to be replaced and Torres does not reflect this documentation. (Attachment 10)

  -Identification Number: 3389 & 3390 dated July 13, 2012. Torres documentation states the following: Add on day of repairs and did not receive the paperwork. AFRH-W documentation reflects a Service Date of July17, 2012 with Service Technician signature for both repair orders. Status of Equipment reflects incomplete and parts on order for both repair orders. (Attachment 11)

  -Identification Number: 3789 not dated. Torres documentation does not have a Service Date nor a Service Technician signature. AFRH-W documentation shows a Service Date of June 20, 2012 and a Service Technician signature. AFRH-W documentation states a remote is needed. Room location of East Wing Solarium is marked out and replaced with bulk storage. Torres does not reflect this documentation. (Attachment 12)

  -Identification Number: 3796 dated per the fax August 29, 2012. Torres documentation does not have a Service Date nor a Service Technician signature. AFRH-W documentation shows a Service Date of September 5, 2012 and a Service Technician signature. AFRH-W documentation states remote is not working and runs up direction only. Torres does not reflect this documentation. (Attachment 13)

  -Identification Number: 1039 dated September 19, 2012. Torres documentation does not have a Service Date nor a Service Technician signature and AFRH-W documentation shows a Service Date of September 26, 2012 and a Service Technician signature. AFRH-W documentation states a control is needed. Torres does not reflect this documentation. (Attachment 14)

-Identification Number: 3521 not dated. Torres documentation states the following: Add on day of repairs and did not receive the paperwork. AFRH-W documentation reflects a Service Date of September 5, 2012. Status of Equipment reflects incomplete and parts on order for this repair order. (Attachment 15)

-The Contract Surveillance Representative (CSR) there is no Quality Assurance Surveillance Plan (QASP) in place.

- Per the contract Preventative Maintenance (PM) shall be conducted during the following period of performance time frames: July 1, 2011 to September 30, 2011 (one time fee in July of 2011) and October 1, 2011 to September 30, 2012 (one time fee in July of 2012). Attachment 16 is a sample Torres and Associates, Inc. Preventative Maintenance (PM) sheet.

  -The following Preventative Maintenance (PM) Summaries dated July 11, 2011 were reviewed: PM FSR# 12-252, PM FSR# 12-250, PM FSR# 12-001, PM FSR# 12-011, PM FSR# 12-015, PM FSR# 12-054, PM FSR# 12-055, PM FSR# 12-123, PM FSR# 12-135, PM FSR# 12-149, PM FSR# 12-165, PM FSR# 12-205, PM FSR# 12-318, PM FSR# 12-331, PM FSR# 12-335. The PM Summaries reviewed were complete and dated July 11, 2011. (Sample Attachment 16) Per the Contract Surveillance Representative (CSR) all are dated July 11, 2011 because was the last day of the PM schedule.

  -The following Preventative Maintenance (PM) Summaries dated July 16, 2012 were reviewed: PM FSR# 13-125, PM FSR# 13-133, PM FSR# 13-002, PM FSR# 13-028, PM FSR# 13-062, PM FSR# 13-105, PM FSR# 13-198, PM FSR# 13-228, PM FSR# 13-258, PM FSR# 13-264, PM FSR# 13-272, PM FSR# 13-291, PM FSR# 12-318. The PM Summaries reviewed were complete and dated July 16, 2012 except for PM FSR: 13-125 which documentation shows as incomplete do to a missing charge cord. (Sample Attachment 16) Per the Contract Surveillance Representative (CSR) all are dated July 16, 2012 because was the last day of the PM schedule.

  -The Contract Surveillance Representative (CSR) there is no Quality Assurance Surveillance Plan (QASP) in place.

Recommendations:

- Contract Surveillance Representative (CSR) and Healthcare Services (HCS) personnel must utilize Standard Operating Procedure (W-HC-ADM-4-06) regarding Equipment Maintenance, Repair, and Disposal dated June 12, 2012.
- Contract Surveillance Representative (CSR) and Healthcare Services (HCS) personnel must utilize the Equipment Repair-Service Request form included in Standard Operating Procedure (W-HC-ADM-4-06) regarding Equipment Maintenance, Repair, and Disposal dated June 12, 2012.
- The Contract Surveillance Representative (CSR) should maintain a master copy of the Equipment Repair-Service Request form and ensure that all required documentation is filled out properly on this form. The Contract Surveillance Representative (CSR) should also reconcile each completed service request to ensure that the contractor has repaired the equipment within the 5-7 day period required by the contract. These files should be maintained throughout the life of the contract with Torres Association Inc. AFRH-W should not solely rely of Torres Association Inc. to provide the completed Equipment Repair-Service Request documentation.

- The Contract Surveillance Representative (CSR) should establish an Equipment Repair-Service Request tracking system either through internal spreadsheet or utilize the AFRH Work Order System currently in use. Tracked information should provide the following information: repair time completion with the 5-7 day contractual requirement, document high maintenance equipment that is continually requiring repair, equipment damaged due to abuse, average number of repairs completed during a monthly service period, and equipment that cannot be repaired within the 5-7 day contractual requirement. The documentation would include maintaining all Equipment Repair-Service Request for at least the period of the contract. The Contracting Officer's Representative (COR) Handbook dated July 2012 outlines the COR's Standard File Plan. This file plan is located in Appendix E on page 68. Part 6 (a & b) – Quarterly Assurance Information section states other documentation to support the file should include the following: Records of inspection (In Accordance With (IAW) contract requirements), samples, photos, witness statements, other documents to support file.
- AFRH Agency Notice 12-04 - AFRH Records Management Program dated March 7, 2012 clearly states the adequate and proper documentation means a record of the conduct of Government business that is complete and accurate to the extent required to document the organization functions, policies, decisions, procedures, and essential transactions of the agency and that is designed to furnish the information necessary to protect the legal and financial rights of the government and of persons directly affected by the agency's activities.
- The Contract Surveillance Representative (CSR) and Torres Associates, Inc. must use the same form with same information. No duplicate forms should exist with alterations and/or omissions.
- The Contract Surveillance Representative (CSR) should conduct an investigation when medical equipment abuse is documented and brought to the attention of the CSR. Attachment 5 clearly documents possible abuse. At the time of the audit no information was presented to support an investigation was conducted regarding possible abuse to the equipment.
- The Contracting Officer's Representative (COR) Handbook dated July 2012 Appendix J provides a detailed outline that can be utilized. The Contract Surveillance Representative (CSR) should implement a Quality Assurance Surveillance Plan.
- The Contract Surveillance Representative (CSR) does not have alternate Contract Surveillance Representative (CSR) to assist during a time of absence on this contract. I highly suggest the Chief, Healthcare Services select an alternate (CSR) to be added to this contract and new contracts in the future.
- The Contract Surveillance Representative (CSR) should follow up on all Preventative Maintenance (PMs) that were reported as incomplete. No documentation was presented by the Contract Surveillance Representative (CSR) to show incomplete PM had been completed or corrected.

If you have any questions, comments or would like to discuss this audit please contact me at (202) 541-7550 or afrh.ig@afrh.gov.

Respectfully,

// signed //

SHEILA R. ABARR
Inspector General
Armed Forces Retirement Home

ARMED FORCES RETIREMENT HOME – WASHINGTON
HEALTHCARE SERVICES

ADMINISTRATION
STANDARD OPERATING PROCEDURE (SOP) **JUNE 12, 2012**
NO. W-HC-ADM-4-06

EQUIPMENT MAINTENANCE, REPAIR, AND DISPOSAL

I. AUTHORITY: Title 24, USC.

II. PURPOSE: Establishes procedures for the maintenance, repair, and disposal of resident care equipment at the Armed Forces Retirement Home (AFRH).

III. PROTOCOL: All Healthcare Services (HCS) personnel are responsible for using well-functioning medical equipment while performing resident care and to report any malfunctions to the Contract Surveillance Representative (CSR) immediately. The maintenance and repair of medical equipment is performed by a medical equipment repair contractor (MERC).

IV. PROCEDURES:

A. Inventory:

1. Medical equipment purchased by the AFRH is labeled with a decal on the body of the equipment.
2. AFRH medical equipment is inventoried annually by a MERC and supervised by the CSR.

B. Preventive Maintenance: Preventive maintenance and inspection of medical equipment is performed annually by a MERC.

C. Repair:

1. All HCS residential units will maintain "Equipment Repair-Service Request" forms.
2. HCS personnel are responsible for completing an "Equipment Repair-Service Request" form and sending it to the CSR via fax or hand delivery.
3. HCS personnel are responsible for removing non-working equipment from operation, storing it in a designated location, and labeling it with an "out of service" tag.
4. The CSR is responsible for facilitating timely repair of the equipment and notifying the Medical Records Technician of the scheduled date of service and/or repair status.

D. Disposal:

1. The MERC is responsible for notifying the CSR if medical equipment is too costly to repair and/or is non-repairable.
2. The CSR is responsible for: informing his/her supervisor; facilitating contract modification; starting the procurement process; and seeking approval prior to purchasing replacement equipment.

PAMELA D. YOUNG, RN, CNE
Chief, Healthcare Services

Attachment: Form, "Equipment Repair-Service Request"

Supersedes Previous Editions of HCS Administration SOP No. W-HC-ADM-4-06

ARMED FORCES RETIREMENT HOME

EQUIPMENT REPAIR-SERVICE REQUEST

Name of Equipment			
4 or 6 Digit Identification No. from Sticker			
Location of Equipment	Floor:	Room:	Circle: A or B

Describe the Problem Below – Please Print Legibly

Employee Name	PRINT--
Employee Signature	
Employee Phone No.	
Clinical Supervisor's Name	PRINT--
Clinical Supervisor's Signature	
Clinical Supervisor's Phone No.	
Date	
Service Date	
Service Technician's Name	PRINT--

STATUS – CHECK ALL THAT APPLY	
	Complete
	Incomplete
	Parts on Order
	Could Not Duplicate

SERVICE EVENT INSTRUCTIONS	
1	Complete the requested information above and have the clinical supervisor sign and date.
2	Fax a copy of the completed form to the Contract Surveillance Representative (CSR).
3	Give the original form to the Medical Records Technician (MRT) for filing.
4	The CSR will facilitate repair of the equipment and notify the MRT of the scheduled repair date.
5	All equipment repair forms are to be made available to the repair technician during the visit.
6	Call the CSR for resolution of questions.

4.0. SPECIFIC REQUIREMENTS. The contractor shall provide integrated equipment maintenance management program to include, but not be limited to, management services; repairs analysis and, technical assistance; statistical repair information; and program training as described herein, at the AFRH. In addition, the contractor will provide all personnel, equipment, tools, vehicles, materials, supervision, transportation and services necessary to effectively, economically, and satisfactorily perform all operations, for preventive and corrective maintenance and service events, which will include all corrective, preventive maintenance, and emergency maintenance. This contract is designed for the maintenance, scheduled and unscheduled, and operations activities necessary to keep medical equipment in good working order.

The medical equipment to be maintained under this contract is identified in Attachment A. The contractor shall perform the required services in accordance with current codes, standards, directives, and criteria governing the operation, maintenance and repair of medical equipment, including, but not limited to the CARF, National Fire Protection Association (NFPA), OSHA, and the Environmental Protection Agency (EPA). The contractor shall remain abreast of any changes in codes which impact on medical equipment. The contractor shall notify the contract CO/COTR, in writing, when modifications are required to maintain code compliance. Maintenance includes regularly scheduled adjustments and inspections, preventive and corrective maintenance tasks, and unlimited emergency response.

4.1. Scheduled Preventative Maintenance. The contractor will provide preventative maintenance coverage for all equipment included in the contract. The number of preventative maintenance calls during the term of the contract is limited to that on the attached equipment list. Preventative maintenance is to be performed in accordance with manufacturers' specifications. It will be performed at a time mutually agreed upon by the equipment user and the service vendor.

4.2. Operation and Maintenance Records. The contractor will input and maintain a database for maintenance and repair activities on all equipment included in this agreement. It shall include a preventive maintenance schedule for every equipment items covered by the program. The system will document and track all repairs, to include a list of all parts replaced and all services performed. in addition, the system must be capable of recording and tracking services performed by vendors. This information shall be available to customer within 24 hours of a request from the CO or the COTR.

The contractor will use their own software and hardware to record and manage the data. It is understood this hardware and software is proprietary and will remain the property of the contractor upon completion of the contract.

4.3. Computerized Operations and Maintenance (O&M) Records. O&M records shall be computerized using a contractor supplied system (CSS). CSS hardware and software is proprietary and will remain the property of the contractor upon completion of this contract. Records shall reflect scheduled and unscheduled maintenance and tasks. The contractor shall maintain all data required to establish and maintain records for new and existing equipment covered by the contract, including performance of scheduled maintenance procedures, and/or systems acquired and added to the program during the term of this contract. The contractor will use his own equipment numbering system, but will also include a ECN number for each item covered by the program. Equipment identification data will include, as a minimum, name of manufacturer, model number, serial number, ECN numbers, and equipment nomenclature.

4.4. Records Backup. The contractor shall backup all electronic data, weekly as a minimum; to be appropriate media and store the backup data in a contractor furnished fireproof storage cabinet.

4.5. CARF Documentation. The contractor shall be responsible to furnish all maintenance documentation required by CARF for medical equipment maintenance programs. The contractor shall also be responsible for assuring that maintenance records are completed in a timely fashion satisfying AFRH policies and CARF requirements. CARF requirements are incorporated by reference and made a part of this contract. CARF requirements are available for review in the COTR office of the ARFH.

ACCEPTABLE QUALITY LEVELS (AQL)

SOW Reference	Performance Objectives	Performance Standard	Acceptable Quality Level (AQL)	Method of Surveillance	Incentive/Disincentive
4.2	Operation and Maintenance Records	All records will be made available upon request within 24 hrs of being requested.	95%	Random request for review of records performed throughout the duration of the contract on an as needed basis.	Performance Evaluation
4.8	Unscheduled Maintenance and Repair	Equipment shall be repaired with-in established time-line standards of 5 to 7 business days after notification to contractor. This is based on OEM Specifications.	95%	Spot inspections performed throughout the duration of the contract on an as needed basis. Supporting documentation may be reviewed.	Performance Evaluation

AFRH - W - INFORMATION REQUESTED BY [redacted]

DATE	LOCATION	EQUIPMENT AND/OR PROBLEM	FSR NUMBER (REPORTED AS INCOMPLETE AND PARTS ORDERED)	FSR NUMBER COMPLETED (PARTS RECEIVED AND INSTALLED)	COMMENTS
8/4/11	L4- Rm 472	Bed, foot board			This repair has been archived.
1/10/12	L5- Rm504	Welch Allyn	1071	1072	
2/28/12	L3-Rm 351	Stoppers not working	1073	1074	
3/8/12	L5- Rm 506	Head board	1074	1075	
3/14/12	L5 - Rm 544	Broda Chair	1074	1075	
5/28/12	L2- Rm 210	Stand Up Lift	1077	1078	
6/12/12	L4	Stand Up Lift	1077	1078	
6/20/12	L3	Sabina II	1077	1078	
7/13/12	L1	Rec- Broda Chair	1078	1079	Add-on day of repairs and did not receive the paperwork.
7/18/12	L4	Sabina Lift	1077	1078	
9/5/12	L3 - Rm 304	Blood Pressure Cuff	1079	1080	Add-on day of repairs and did not receive the paperwork.
9/5/12	L5	SabinaLift	1079	1080	
9/19/12	L5	bed weight scale	1080	1081	
9/26/12	L5 - Rm 504	Spot Vital Signs	1080	1081	

Torres Associates Inc.
dba: Sustainment Technologies
3131 Briarcrest Dr. Suite 100
College Station, Texas 77802
(979) 255-4097

Armed Forces Retirement Home

Patient Repair / Service Request Form

[redacted]

Name of Equipment: Welch Allyn

[redacted] Identification Number: 3533

SUSTAINMENT TECHNOLOGIES, INC
Annual PM Certification
PM Month/Year: July, 2010
PM BMET: Fry AFRH #: 3533
For Information call: (979) 764-2080

THE 4 DIGIT NUMBER IS LOCATED RIGHT HERE ON THE STICKER

Location of Equipment (Floor) L-6 (Room) 504

Description of the Problem: Welch Allyn Need Repaired
fell off Stand
Need Display Overlay a Hosp

Employee Signature [redacted]

Employee: (Print) [redacted] Phone #: 202 541-7760

Clinical Supervisor Signature [redacted]

Supervisor: (Print) [redacted] Phone #: 776-

Date: Service Date: 1/0/12 Service Technician: [redacted]

FSR-10717

STATUS: (1)-COMPLETE (2)-INCOMPLETE (3)-PARTS ON ORDER
(4)-COULD NOT DUPLICATE (Circle all that apply)

FSR 10717

SERVICE EVENT INSTRUCTIONS

1-23-2012

(1) After the Clinical Supervisor has signed off for approval, fax a copy to Mr. Green at fax # 3570.
(2) Take the original form and give to the MRT to file in the equipment repair log notebook.
(3) Mr. Green will schedule a visit for the biomedical repair technician to come in to address the reported issues.

SENT UNIT BACK TO Welch Allyn For Repair

DUE TO Abuse!

Armed Forces Retirement Home

Patient Repair / Service Request Form

[redacted]

Name of Equipment: Welch Allyn

[redacted] Identification Number: 3533

SUSTAINMENT TECHNOLOGIES, INC
Annual PM Certification
PM Month/Year: July, 2010
PM BMET: Fry AFRH #: 3533
For Information call: (979) 764-2080

THE 4 DIGIT NUMBER IS LOCATED RIGHT HERE ON THE STICKER

Location of Equipment (Floor) L6 (Room) 504

Description of the Problem: Welch Allyn Need Repaired
fell off Stand
Need Display Overlay & Hose

Employee Signature: [redacted]
Employee: (Print) [redacted] Phone #: 702 541-7760

Clinical Supervisor Signature: [redacted]
Supervisor : (Print) [redacted] Phone #: 776-2

Date: Service Date: 1/10/12 Service Technician:

STATUS: (1)-COMPLETE (2)-INCOMPLETE (3)-PARTS ON ORDER
(4)-COULD NOT DUPLICATE (Circle all that apply)

SERVICE EVENT INSTRUCTIONS

(1) After the Clinical Supervisor has signed off for approval, fax a copy to Mr. Green at fax # 3570.
(2) Take this original form and give to the MRT to file in the equipment repair log notebook.
(3) Mr. Green will schedule a visit for the biomedical repair technician to come in to address the reported issues.

Armed Forces Retirement Home

Patient Repair / Service Request Form

Name of Equipment: Bed [redacted]

[redacted] Identification Number: 3467

(LOOK FOR THIS STICKER ON THE REPORTED EQUIPMENT. THE 4 DIGIT NUMBER IS LOCATED ON THE RIGHT CORNER OF THE STICKER AS THE AFRH #)

SUSTAINMENT TECHNOLOGIES, INC
Annual PM Certification
PM Month/Year: July, 2010
PM BMET: J. Fry AFRH #: 3467
For Information call: (979) 764-2080

Location of Equipment (Floor) Legende-3 (Room) 357

Description of the Problem: Stoppers not working

Employee Signature: KMalone

Employee: (Print) Kimberly McTore Phone #: 202 541-7695

Clinical Supervisor Signature: [signature]

Supervisor: (Print) Patricia Burns Phone #: 202 541-7698

Date: _____ Service Date: _____ Service Technician: _____

STATUS OF EQUIPMENT: FSR 10737

10747 (1)-COMPLETE (2)-INCOMPLETE (3)-PARTS ON ORDER
(4)-COULD NOT DUPLICATE (5) - COULD NOT LOCATE EQUIPMENT

(THE SERVICE TECHNICIAN WILL CIRCLE ALL THAT APPLY)

(1) After the Clinical Supervisor has signed off for approval, fax a copy to Mr. Green at fax # 3570.
(2) Take this original form and give to the MRT to file in the equipment repair log notebook.
(3) Mr. Green will schedule a date for the service repair technician to address the request.

Armed Forces Retirement Home

Patient Repair / Service Request Form

[redacted]

Name of Equipment: Bed

[redacted] Identification Number: 3467

(LOOK FOR THIS STICKER ON THE REPORTED EQUIPMENT. THE 4 DIGIT NUMBER IS LOCATED ON THE RIGHT CORNER OF THE STICKER AS THE AFRH #)

SUSTAINMENT TECHNOLOGIES, INC
Annual PM Certification
PM Month/Year: July, 2010
PM BMET: J. Fry AFRH #: 3467
For Information call: (979) 764-2080

Location of Equipment (Floor) Legende-3 (Room) 357

Description of the Problem: Stoppers not working

Employee Signature: [redacted]
Employee: (Print) [redacted] Phone #: 202 541-7695

Clinical Supervisor Signature: [redacted]
Supervisor: (Print) [redacted] Phone #: 202 541-7698

Date: _____ Service Date: 2-28-12 Service Technician: JF

STATUS OF EQUIPMENT: 3-28-12

(1) -COMPLETE (2) -INCOMPLETE (3) -PARTS ON ORDER
(4) -COULD NOT DUPLICATE (5) - COULD NOT LOCATE EQUIPMENT

(THE SERVICE TECHNICIAN WILL CIRCLE ALL THAT APPLY)

Both motor stoppers

(1) After the Clinical Supervisor has signed off for approval, fax a copy to Mr. Green at fax # 3570.
(2) Take this original form and give to the MRT to file in the equipment repair log notebook.
(3) Mr. Green will schedule a date for the service repair technician to address the request.

Needs 4 castors

Armed Forces Retirement Home

Patient Repair / Service Request Form

[redacted]

Name of Equipment: Head Board

[redacted] Identification Number: 3537

SUSTAINMENT TECHNOLOGIES, INC
Annual PM Certification
PM Month/Year: July, 2011
PM BMET: J. Fry AFRH #: _____
For Information call: (979) 764-2080

THE 4 DIGIT NUMBER IS LOCATED RIGHT HERE ON THE STICKER

Location of Equipment (Floor) 2-9-5 (Room) 506

Description of the Problem: Head Board cracked in half.

Employee Signature: Rena Barbour

Employee: (Print) Rena Barbour Phone #: 541-7760

Clinical Supervisor Signature: [signature]

Supervisor : (Print) E. Florence Johnson Phone #: X 7760

Date: 3/8/12 Service Date: _____ Service Technician: _____

STATUS: (1)-COMPLETE (2)-INCOMPLETE (3)-PARTS ON ORDER (4)-COULD NOT DUPLICATE (Circle all that apply)

FSR 1074

FSR 1075

SERVICE EVENT INSTRUCTIONS

(1) After the Clinical Supervisor has signed off for approval, fax a copy to Mr. Green at fax # 3570.
(2) Take this original form and give to the MRT to file in the equipment repair log notebook.
(3) Mr. Green will schedule a visit for the biomedical repair technician to come in to address the reported issues.

Armed Forces Retirement Home

Patient Repair / Service Request Form

[redacted]

Name of Equipment: Head Board

[redacted] Identification Number: 3537

SUSTAINMENT TECHNOLOGIES, INC
Annual PM Certification
PM Month/Year: July, 2011
PM BMET: J. Fry AFRH #: _____
For Information call: (979) 764-2080

THE 4 DIGIT NUMBER IS LOCATED RIGHT HERE ON THE STICKER

Location of Equipment (Floor) 2-9-5 (Room) 506

Description of the Problem: Head Board cracked in half.

Employee Signature: [redacted]

Employee: (Print) [redacted] Phone #: 541-7760

Clinical Supervisor Signature: [redacted]

Supervisor : (Print) E.C. [redacted] #: x 7760

Date: 3/8/12 Service Date: 4-2-12 Service Technician: JF

STATUS: (1)-COMPLETE (2)-INCOMPLETE (3)-PARTS ON ORDER (4)-COULD NOT DUPLICATE (Circle all that apply)

SERVICE EVENT INSTRUCTIONS

(1) After the Clinical Supervisor has signed off for approval, fax a copy to Mr. Green at fax # 3570.
(2) Take this original form and give to the MRT to file in the equipment repair log notebook.
(3) Mr. Green will schedule a visit for the biomedical repair technician to come in to address the reported issues.

Armed Forces Retirement Home

Patient Repair / Service Request Form

2ND REVISION: 1/20/11

Name of Equipment: Broda Chair

Equipment Identification Number: 3395

(LOOK FOR THIS STICKER ON THE REPORTED EQUIPMENT. THE 4 DIGIT NUMBER IS LOCATED ON THE RIGHT CORNER OF THE STICKER AS THE AFRH #)

SUSTAINMENT TECHNOLOGIES, INC
Annual PM Certification
PM Month/Year: July, 2010
PM BMET: J. Fry AFRH #: 3395
For Information call: (979) 764-2080

Location of Equipment (Floor) 5th (Room) 544

Description of the Problem: Leg rest will Not release to down position

Employee Signature: Janet Ritter
Employee: (Print) Janet Ritter Phone #: 202-541-7680

Clinical Supervisor Signature: Lynn J. Holt
Supervisor: (Print) Lynn J. Holt Phone #: 202-541-7481

Date: 3-14-12 Service Date: _____ Service Technician: _____

STATUS OF EQUIPMENT:

FSR 1074

SR 1075 → (1)-COMPLETE (2)-INCOMPLETE (3)-PARTS ON ORDER
(4)-COULD NOT DUPLICATE (5) - COULD NOT LOCATE EQUIPMENT

(THE SERVICE TECHNICIAN WILL CIRCLE ALL THAT APPLY)

(1) After the Clinical Supervisor has signed off for approval, fax a copy to Mr. Green at fax # 3570.
(2) Take this original form and give to the MRT to file in the equipment repair log notebook.
(3) Mr. Green will schedule a date for the service repair technician to address the request.

Armed Forces Retirement Home

Patient Repair / Service Request Form

[redacted] REVISION: 1/20/11

Name of Equipment: Broda Chair

[redacted] Identification Number: 3395

(LOOK FOR THIS STICKER ON THE REPORTED EQUIPMENT. THE 4 DIGIT NUMBER IS LOCATED ON THE RIGHT CORNER OF THE STICKER AS THE AFRH #)

SUSTAINMENT TECHNOLOGIES, INC
Annual PM Certification
PM Month/Year: July, 2010
PM BMET: J. Fry AFRH #: 3395
For Information call: (979) 764-2080

Location of Equipment (Floor) LaGarde 5 (Room) 544

Description of the Problem: Chair will not roll forward.

Employee Signature: [redacted]
Employee: (Print) [redacted] Phone #: 202-541-7580

Clinical Supervisor Signature: [redacted]
Supervisor: (Print) [redacted] Phone #: 202-541-7681

Date: 2-07-12 Service Date: 2-28-12 Service Technician: JT

STATUS OF EQUIPMENT:

(1)-COMPLETE 2)-INCOMPLETE 3)-PARTS ON ORDER
(4)-COULD NOT DUPLICATE (5) - COULD NOT LOCATE EQUIPMENT

(THE SERVICE TECHNICIAN WILL CIRCLE ALL THAT APPLY)

2 New Casters

(1) After the Clinical Supervisor has signed off for approval, fax a copy to Mr. Green at fax # 3570.
(2) Take this original form and give to the MRT to file in the equipment repair log notebook.
(3) Mr. Green will schedule a date for the service repair technician to address the request.

Armed Forces Retirement Home

Patient Repair / Service Request Form

[redacted]

Name of Equipment: Stand up lift

[redacted] Identification Number: 3787 2020093 3787

(LOOK FOR THIS STICKER ON THE REPORTED EQUIPMENT. THE 4 DIGIT NUMBER IS LOCATED ON THE RIGHT CORNER OF THE STICKER AS THE AFRH #)

SUSTAINMENT TECHNOLOGIES, INC
Annual PM Certification
PM Month/Year: July, 2010
PM BMET: J. Fry AFRH #: _____
For Information call: (979) 764-2080

Location of Equipment (Floor) L-2 (Room) 210

Description of the Problem: Screw feels out

Employee Signature: Theresa Bowden

Employee: (Print) Theresa Bowden Phone #: 202/541-7689

Clinical Supervisor Signature: [signature]

Supervisor: (Print) Stacy Kelly Phone #: 202/541-7750

Date: 5/28/12 Service Date: _____ Service Technician: _____

STATUS OF EQUIPMENT:

FSR 1078 → (1)-COMPLETE (2)-INCOMPLETE ← FSR 1077 (3)-PARTS ON ORDER

(4)-COULD NOT DUPLICATE (5) - COULD NOT LOCATE EQUIPMENT

(THE SERVICE TECHNICIAN WILL CIRCLE ALL THAT APPLY)

(1) After the Clinical Supervisor has signed off for approval, fax a copy to Mr. Green at fax # 3570.
(2) Take this original form and give to the MRT to file in the equipment repair log notebook.
(3) Mr. Green will schedule a date for the service repair technician to address the request.

F° / Stand-up Lift

Armed Forces Retirement Home

Patient Repair / Service Request Form

[redacted]

Name of Equipment: Stand-up Lift

[redacted] Identification Number: 3789 2020053 3787

(LOOK FOR THIS STICKER ON THE REPORTED EQUIPMENT. THE 4 DIGIT NUMBER IS LOCATED ON THE RIGHT CORNER OF THE STICKER AS THE AFRH #)

SUSTAINMENT TECHNOLOGIES, INC
Annual PM Certification
PM Month/Year: July, 2012
PM SMET: J. Fry AFRH #: _____
For Information call: (979) 764-2080

COMPLETE

Location of Equipment (Floor) L-2 (Room) 210

Description of the Problem: Screw fell out

[redacted]

Employee Signature:
Employee: (Print) [redacted] Phone #: 202/541-7689

Clinical Supervisor Signature:
Supervisor: (Print) [redacted] Phone #: 202/541-7750

Date: 5/28/12 Service Date: 6-20-12 Service Technician: JFRY

STATUS OF EQUIPMENT: 7-17-12

(1)-COMPLETE (2)-INCOMPLETE 3)-PARTS ON ORDER
(4)-COULD NOT DUPLICATE (5) - COULD NOT LOCATE EQUIPMENT

(THE SERVICE TECHNICIAN WILL CIRCLE ALL THAT APPLY)

Missing Sling Hook & Bolt

(1) After the Clinical Supervisor has signed off for approval, fax a copy to Mr. Green at fax # 8570.
(2) Take this original form and give to the MRT to file in the equipment repair log notebook.
(3) Mr. Green will schedule a date for the service repair technician to address the request.

Parts

07/22/2010 02:30 FAX 0001/0001

Armed Forces Retirement Home

Patient Repair / Service Request Form

Name of Equipment: Stand up Lift [redacted]

[redacted] Identification Number: 3761

(LOOK FOR THIS STICKER ON THE REPORTED EQUIPMENT. THE 4 DIGIT NUMBER IS LOCATED ON THE RIGHT CORNER OF THE STICKER AS THE AFRH #).

ENTERTAINMENT TECHNOLOGIES, INC
Annual PM Certification
Month/Year: July, 2010
TECHNICIAN: J. Fry AFRH #: _____
For information call: (979) 764-2080

Location of Equipment (Floor) L 4 (Room) on (B) Side Hallway

Description of the Problem: Power Cord is some way pulled Apart, or Rolled over or has been eaten on

Employee Signature: J M Anderson

Employee: (Print) _____ Phone #: 541-9748

Clinical Supervisor Signature: EQ Johnson

Supervisor: (Print) E Tallman Phone #: _____

Date: 6/18/10 Service Date: _____ Service Technician: _____

STATUS OF EQUIPMENT: FSR 1077

(1)-COMPLETE (2)-INCOMPLETE (3)-PARTS ON ORDER
(4)-COULD NOT DUPLICATE (5) - COULD NOT LOCATE EQUIPMENT

(THE SERVICE TECHNICIAN WILL CIRCLE ALL THAT APPLY)

FSR 1078

(1) After the Clinical Supervisor has signed off for approval, fax a copy to Mr. Green at fax # 3570.
(2) Take this original form and give to the MRT to file in the equipment repair log notebook.
(3) Mr. Green will schedule a date for the service repair technician to address the request.

07/22/2010 02:30 FAX 0001/0001

Armed Forces Retirement Home

Patient Repair / Service Request Form

Name of Equipment: Stand up Lift [redacted]

[redacted] Identification Number: 3791

(LOOK FOR THIS STICKER ON THE REPORTED EQUIPMENT. THE 4 DIGIT NUMBER IS LOCATED ON THE RIGHT CORNER OF THE STICKER AS THE AFRH #)

SUSTAINMENT TECHNOLOGIES, INC
Annual PM Certification
PM Month/Year: July, 2010
PM TECHNET: J. Fry AFRH #: _____
For information call: (979) 764-2080

Location of Equipment (Floor) 4 (Room) on (B) Side Hallway

Description of the Problem: Power Cord is some way pulled Apart or Rolled over or has been eaten on

[redacted]

Employee Signature: [redacted]
Employee: (Print) D Phone #: 541-7748

Clinical Supervisor Signature: [redacted]
Supervisor: (Print) Ed Phone #:

Date: 6/18/12 Service [redacted] ce Technician: JF

STATUS OF EQUIPMENT:

(1)-COMPLETE (2)-INCOMPLETE (3)-PARTS ON ORDER
(4)-COULD NOT DUPLICATE (5) - COULD NOT LOCATE EQUIPMENT

(THE SERVICE TECHNICIAN WILL CIRCLE ALL THAT APPLY)

Needs Specific Pwr Cord for Chair

(1) After the Clinical Supervisor has signed off for approval, fax a copy to Mr. Green at fax # 3570.
(2) Take this original form and give to the MRT to file in the equipment repair log notebook.
(3) Mr. Green will schedule a date for the service repair technician to address the request.

07/22/2010 02:30 FAX 0001/0001

Armed Forces Retirement Home

Patient Repair / Service Request Form

Name of Equipment: Stand up Lift [redacted]

[redacted] Identification Number: 3761

(LOOK FOR THIS STICKER ON THE REPORTED EQUIPMENT. THE 4 DIGIT NUMBER IS LOCATED ON THE RIGHT CORNER OF THE STICKER AS THE AFRH #).

ENTERTAINMENT TECHNOLOGIES, INC
Annual PM Certification
Month/Year: July, 2010
TECHNICIAN: J. Fry AFRH #: _____
For information call: (979) 764-2080

Location of Equipment (Floor) L 4 (Room) on (B) Side Hallway

Description of the Problem: Power Cord is some way pulled Apart, or Rolled over or has been eaten on

Employee Signature: J M Anderson

Employee: (Print) _____ Phone #: 541-9748

Clinical Supervisor Signature: EQ Johnson

Supervisor: (Print) E Tallman Phone #: _____

Date: 6/18/10 Service Date: _____ Service Technician: _____

STATUS OF EQUIPMENT: FSR 1077

(1)-COMPLETE (2)-INCOMPLETE (3)-PARTS ON ORDER
(4)-COULD NOT DUPLICATE (5) - COULD NOT LOCATE EQUIPMENT

(THE SERVICE TECHNICIAN WILL CIRCLE ALL THAT APPLY)

FSR 1078

(1) After the Clinical Supervisor has signed off for approval, fax a copy to Mr. Green at fax # 3570.
(2) Take this original form and give to the MRT to file in the equipment repair log notebook.
(3) Mr. Green will schedule a date for the service repair technician to address the request.

07/22/2010 02:30 FAX 0001/0001

Armed Forces Retirement Home

Patient Repair / Service Request Form

Name of Equipment: Stand up Lift [redacted]

[redacted] Identification Number: 3791

(LOOK FOR THIS STICKER ON THE REPORTED EQUIPMENT. THE 4 DIGIT NUMBER IS LOCATED ON THE RIGHT CORNER OF THE STICKER AS THE AFRH #)

SUSTAINMENT TECHNOLOGIES, INC
Annual PM Certification
PM Month/Year: July, 2010
PM SNET: J. Fry AFRH #: _____
For information call: (979) 764-2080

Location of Equipment (Floor) 4 (Room) on (B) Side Hallway

Description of the Problem: Power Cord is some way pulled Apart or Rolled over or has been eaten on

[redacted]

Employee Signature: [redacted]
Employee: (Print) [redacted] Phone #: 541-7748

Clinical Supervisor Signature: [redacted]
Supervisor: (Print) [redacted] Phone #: _____

Date: 6/18/12 Servide Date: 6-28-12 Service Technician: JF

STATUS OF EQUIPMENT:

(1)-COMPLETE (2)-INCOMPLETE (3)-PARTS ON ORDER
(4)-COULD NOT DUPLICATE (5) - COULD NOT LOCATE EQUIPMENT

(THE SERVICE TECHNICIAN WILL CIRCLE ALL THAT APPLY)

Needs Specific Pwr Cord for Chair

(1) After the Clinical Supervisor has signed off for approval, fax a copy to Mr. Green at fax # 3570.
(2) Take this original form and give to the MRT to file in the equipment repair log notebook.
(3) Mr. Green will schedule a date for the service repair technician to address the request.

Armed Forces Retirement Home

Patient Repair / Service Request Form

[redacted] REVISION 1/20/11

Name of Equipment: Broda Chair

[redacted] Identification Number: 3389

(LOOK FOR THIS STICKER ON THE REPORTED EQUIPMENT. THE 4 DIGIT NUMBER IS LOCATED ON THE RIGHT CORNER OF THE STICKER AS THE AFRH #)

SUSTAINMENT TECHNOLOGIES, INC
Annual PM Certification
PM Month/Year: July, 2010
PM BMET: J. Fry AFRH #: _____
For Information call: (979) 764-2080

Location of Equipment (Floor) 1st (Room) 136

Description of the Problem: Leg rest will not release

Employee Signature: [redacted]
Employee: (Print) [redacted] Phone #: 202-541-7680

Clinical Supervisor Signature: [redacted] OTR/L
Supervisor: (Print) [redacted] Phone #: 202-541-7681

Date: 8-30-12 Service Date: 9-5-12 Service Technician: JF

STATUS OF EQUIPMENT:

(1)-COMPLETE 2)-INCOMPLETE 3)-PARTS ON ORDER
(4)-COULD NOT DUPLICATE (5) - COULD NOT LOCATE EQUIPMENT

(THE SERVICE TECHNICIAN WILL CIRCLE ALL THAT APPLY)

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(1) After the Clinical Supervisor has signed off for approval, fax a copy to Mr. Green at fax # 3570.
(2) Take this original form and give to the MRT to file in the equipment repair log notebook.
(3) Mr. Green will schedule a date for the service repair technician to address the request.

Armed Forces Retirement Home

Patient Repair / Service Request Form

[redacted] REVISION: 1/20/11

Name of Equipment: Broda

[redacted] Identification Number: 3390

(LOOK FOR THIS STICKER ON THE REPORTED EQUIPMENT. THE 4 DIGIT NUMBER IS LOCATED ON THE RIGHT CORNER OF THE STICKER AS THE AFRH #)

SUSTAINMENT TECHNOLOGIES, INC
Annual PM Certification
PM Month/Year: July, 2010
PM BMET: J. Fry AFRH #: 3390
For Information call: (979) 764-2080

Location of Equipment (Floor) 1st (Room) 136

Description of the Problem: Right rear wheel does not lock in straight line setting

Employee Signature: [redacted] Phone #: 541-7680

Employee: (Print) [redacted]

Clinical Supervisor Signature: [redacted] Phone #: 202 541-7681

Supervisor: (Print) [redacted]

Date: 7-27-12 Service Date: 7-31-12 9-5-12 Service Technician: JR

STATUS OF EQUIPMENT:

(1)-COMPLETE (2)-INCOMPLETE (3)-PARTS ON ORDER
(4)-COULD NOT DUPLICATE (5) - COULD NOT LOCATE EQUIPMENT

(THE SERVICE TECHNICIAN WILL CIRCLE ALL THAT APPLY)

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(1) After the Clinical Supervisor has signed off for approval, fax a copy to Mr. Green at fax # 3570.
(2) Take this original form and give to the MRT to file in the equipment repair log notebook.
(3) Mr. Green will schedule a date for the service repair technician to address the request.

Armed Forces Retirement Home

Patient Repair / Service Request Form

[redacted]

Name of Equipment: Sabina II

[redacted] Identification Number: 3759

(LOOK FOR THIS STICKER ON THE REPORTED EQUIPMENT. THE 4 DIGIT NUMBER IS LOCATED ON THE RIGHT CORNER OF THE STICKER AS THE AFRH #)

SUSTAINMENT TECHNOLOGIES, INC
Annual PM Certification
PM Month/Year: July, 2010
PM BMET: J. Fry AFRH #: 37
For Information call: (979) 764-2080

Location of Equipment (Floor) Lg 3 (Room) East Wing Solarium

Description of the Problem: Lift is non-Functional.

Employee Signature: Wanda O. Allen

Employee: (Print) Wanda O Allen Phone #: 541-7695

Clinical Supervisor Signature: [signature]

Supervisor: (Print) Patricia Burt NP Phone #: 202-541-7698

Date: _____ Service Date: _____ Service Technician: _____

STATUS OF EQUIPMENT: FSR 1077

(1)-COMPLETE (2)-INCOMPLETE (3)-PARTS ON ORDER
(4)-COULD NOT DUPLICATE (5) - COULD NOT LOCATE EQUIPMENT

(THE SERVICE TECHNICIAN WILL CIRCLE ALL THAT APPLY)

FSR 1078

(1) After the Clinical Supervisor has signed off for approval, fax a copy to Mr. Green at fax # 3570.
(2) Take this original form and give to the MRT to file in the equipment repair log notebook.
(3) Mr. Green will schedule a date for the service repair technician to address the request.

Follow-up

Duplicate
9078

Armed Forces Retirement Home

Patient Repair / Service Request Form

[redacted]

Name of Equipment: Sabina II

[redacted] Identification Number: 3779

(LOOK FOR THIS STICKER ON THE REPORTED EQUIPMENT. THE 4 DIGIT NUMBER IS LOCATED ON THE RIGHT CORNER OF THE STICKER AS THE AFRH #)

SUSTAINMENT TECHNOLOGIES, INC
Annual PM Certification
PM Month/Year: July, 2010
PM SMET: J. Fry AFRH #: 37
For Information call: (979) 764-2080

Bulk Storage

Needs Remote

HB53505-131LX

IP X5

Location of Equipment (Floor) Lg 3 (Room) East wing Solarium

Description of the Problem: Lift is non-Functional.

Employee Signature: [redacted]

Employee: (Print) [redacted] Phone #: 541-7695

Clinical Supervisor Signature: [redacted]

Supervisor: (Print) [redacted] Phone #: 212-641-2698

Date: _____ Service Date: 6-22-12 Service Technician: JFry

STATUS OF EQUIPMENT:

JFry 7-17-12

(1) -COMPLETE (2) -INCOMPLETE (3) PARTS ON ORDER

(4) -COULD NOT DUPLICATE (5) - COULD NOT LOCATE EQUIPMENT

(THE SERVICE TECHNICIAN WILL CIRCLE ALL THAT APPLY)

(1) After the Clinical Supervisor has signed off for approval, fax a copy to Mr. Green at fax # 3570.
(2) Take this original form and give to the MRT to file in the equipment repair log notebook.
(3) Mr. Green will schedule a date for the service repair technician to address the request.

Armed Forces Retirement Home

Patient Repair / Service Request Form

[redacted]

Name of Equipment: Sabre II lift

[redacted] Identification Number: 5796

SUSTAINMENT TECHNOLOGIES, INC
Annual PM Certification
PM Month/Year: July, 2010
PM BMET: J. Fry AFRH #: _____
For Information call: (979) 764-2080

THE 4 DIGIT NUMBER IS LOCATED RIGHT HERE ON THE STICKER

Location of Equipment (Floor) 5 (Room) _____

Description of the Problem: lift will not go down

Employee Signature: Donna Matthews

Employee: (Print) DONNA MATTHEWS Phone #: 541-7760

Clinical Supervisor Signature: _____

Supervisor: (Print) _____ Phone #: _____

Date: _____ Service Date: _____ Service Technician: _____

STATUS: (1)-COMPLETE (2)-~~INCOMPLETE~~ FSR 1079 (3)-PARTS ON ORDER (4)-COULD NOT DUPLICATE (Circle all that apply)

FSR 1080

SERVICE EVENT INSTRUCTIONS

(1) After the Clinical Supervisor has signed off for approval, fax a copy to Mr. Green at fax # 3570.
(2) Take this original form and give to the MRT to file in the equipment repair log notebook.
(3) Mr. Green will schedule a visit for the biomedical repair technician to come in to address the reported issues.

Armed Forces Retirement Home

Patient Repair / Service Request Form

[redacted]

Name of Equipment: Sabre II lift

[redacted] Identification Number: 5796

SUSTAINMENT TECHNOLOGIES, INC
Annual PM Certification
PM Month/Year: July, 2010
PM'd MET: J. Fry AFRH #: _____
For Information call: (979) 764-2080

THE 4 DIGIT NUMBER IS LOCATED RIGHT HERE ON THE STICKER

Location of Equipment (Floor) 5 (Room) _____

Description of the Problem: lift will not go down

Employee Signature: [redacted]

Employee: (Print) [redacted] Phone #: 541-7760

Clinical Supervisor Signature: _____

Supervisor: (Print) _____ Phone #: _____

Date: _____ Service Date: 9-5-12 Service Technician: JP

STATUS: (1)-COMPLETE (2)-INCOMPLETE (3)-PARTS ON ORDER
(4)-COULD NOT DUPLICATE (circle all that apply)

SERVICE EVENT INSTRUCTIONS

Remote not working

(1) After the Clinical Supervisor has signed off for approval, fax a copy to Mr. Green at fax # 3570.
(2) Take this original form and give to the MRT to file in the equipment repair log notebook.
(3) Mr. Green will schedule a visit for the biomedical repair technician to come in to address the reported issues.

Runs up only, verified Remote

Armed Forces Retirement Home

Patient Repair / Service Request Form

[redacted]

Name of Equipment: Bed Weight Scale

[redacted] Identification Number: 1039 - F6835 LFZ

(LOOK FOR THIS STICKER ON THE REPORTED EQUIPMENT. THE 4 DIGIT NUMBER IS LOCATED ON THE RIGHT CORNER OF THE STICKER AS THE AFRH #)

SUSTAINMENT TECHNOLOGIES, INC
Annual PM Certification
PM Month/Year: July, 2010
PM BMET: J. Fry AFRH #: _____
For Information call: (979) 764-2060

Location of Equipment (Floor) LG-5 (Room) Storage Rm.

Description of the Problem: Remote do not work.

Employee Signature: Rena Barbaur

Employee: (Print) Rena Barbaur Phone #: 7760

Clinical Supervisor Signature: [signature]

Supervisor: (Print) Medical Maimum Phone #: _____

Date: 9/19/15 Service Date: _____ Service Technician: _____

STATUS OF EQUIPMENT: FSR 1080

(1) - COMPLETE (2) - INCOMPLETE (3) - PARTS ON ORDER

(4) - COULD NOT DUPLICATE (5) - COULD NOT LOCATE EQUIPMENT

SR 1081

(THE SERVICE TECHNICIAN WILL CIRCLE ALL THAT APPLY)

(1) After the Clinical Supervisor has signed off for approval, fax a copy to Mr. Green at fax # 3570.
(2) Take this original form and give to the MRT to file in the equipment repair log notebook.
(3) Mr. Green will schedule a date for the service repair technician to address the request.

Armed Forces Retirement Home

Patient Repair / Service Request Form

[redacted]

Name of Equipment: Bed Weight Scale

[redacted] Identification Number: 1039 – F6835 LFZ

(LOOK FOR THIS STICKER ON THE REPORTED EQUIPMENT. THE 4 DIGIT NUMBER IS LOCATED ON THE RIGHT CORNER OF THE STICKER AS THE AFRH #)

SUSTAINMENT TECHNOLOGIES, INC
Annual PM Certification
PM Month/Year: July, 2010
PM BMET: J.Fry AFRH #: 3796
For Information call: (979) 764-2080

Location of Equipment (Floor) LG-5 (Room) Storage Rm.

Description of the Problem: Remote do not work.

Employee Signature: [redacted]

Employee: (Print) [redacted] Phone #: 7760

Clinical Supervisor Signature: [redacted]

Supervisor: (Print) [redacted] one #:

Date: 9/19/12 Service Date: 9-26-12 Service Technician: JFry

STATUS OF EQUIPMENT:

(1)-COMPLETE (2)-INCOMPLETE (3)-PARTS ON ORDER
(4)-COULD NOT DUPLICATE (5) - COULD NOT LOCATE EQUIPMENT

(THE SERVICE TECHNICIAN WILL CIRCLE ALL THAT APPLY)

Needs Control

(1) After the Clinical Supervisor has signed off for approval, fax a copy to Mr. Green at fax # 3570.
(2) Take this original form and give to the MRT to file in the equipment repair log notebook.
(3) Mr. Green will schedule a date for the service repair technician to address the request.

Armed Forces Retirement Home

Patient Repair / Service Request Form

[redacted]

Name of Equipment: Blood Pressure Cuff

[redacted] Identification Number: 3521

(LOOK FOR THIS STICKER ON THE REPORTED EQUIPMENT. THE 4 DIGIT NUMBER IS LOCATED ON THE RIGHT CORNER OF THE STICKER AS THE AFRH #)

SUSTAINMENT TECHNOLOGIES, INC
Annual PM Certification
PM Month/Year: July, 2010
PM BMET: J. Fry AFRH #: 3521
For Information call: (979) 764-2080

Location of Equipment (Floor) Laguna 3 (Room) 304

Description of the Problem: not reading accurately

Employee Signature: K Malon

Employee: (Print) Kimberly Malon Phone #: 7695

Clinical Supervisor Signature: [signature]

Supervisor: (Print) PATRICIA BURPEE Phone #: X7698

Date: _____ Service Date: 9-5-12 Service Technician: JM

STATUS OF EQUIPMENT:

(1)-COMPLETE (2)-INCOMPLETE (3)-PARTS ON ORDER
(4)-COULD NOT DUPLICATE (5) - COULD NOT LOCATE EQUIPMENT

(THE SERVICE TECHNICIAN WILL CIRCLE ALL THAT APPLY)

Missing cuff Hose Bad cuff

(1) After the Clinical Supervisor has signed off for approval, fax a copy to Mr. Green at fax # 9570.
(2) Take this original form and give to the MRT to file in the equipment repair log notebook.
(3) Mr. Green will schedule a date for the service repair technician to address the request.

Torres & Associates, Inc.
dba: Sustainment Technologies, Inc.
3131 Briarcrest Drive Suite 100
Bryan, Texas 77802
(979) 764-2080

Preventative Maintenance Summary

PM FSR# 12-252

Armed Forces Retirement Home, Washington DC
3700 N. Capitol Street NW LaGard Building
Washington, DC 20011

Equipment Data

BPD Item Number: 3359
Location: PT
Description: Paraffin Bath
Manufacturer: Ferno/Ille
Model #: NSN
Serial #: 184740
Protocol #: 33
Electrical Safety (in Ohms): 0.30 **Note: 0.00 denotes Double Insulated or Not a Grounded Item**
Pass / Fail: Pass
Date Inspected: July 11, 2011

If passed, Everything checked within limits to OEM specifications.

Status of Equipment: 1
Parts Used / Repairs needed to complete PM:
OFF

Protocol Legend:
Checklist #1: Equipment Non-Patient Care
Checklist #7: Beds/Electric
Checklist #33: General Equipment/Patient Care.

Status of Equipment Legend
(1) Complete (2) Incomplete (3) Parts on Order (4) Not on Inventory (5) Could Not Locate

Technician – Jim Fry BMET

James Green